	ase 1:16-m0	c-00003-GLS-CFH	Document 1 File	ed 01/13/16 Pag 2015 0 CT - 7. All	ge 1 of 1
	ICC FINANCING	STATEMENT	024434	MI2 OCT	
	OLLOW INSTRUCTION A. NAME & PHONE OF C TASHANO B. SEND ACKNOWLEDG	S from and back) CAREFULLY ONTACT AT FRER (optional) MALCOLM JENKIN MENT TO: (Name and Address)	15	1:16-ma G1	c- 00 3
		and JENKINS		GL	s/cf
	523 Sche	Montord ST enectacly N.YIZ30	7		
[e space is for filing office us	EONLY
 ,	TA SHALL			E/TRADEMARK-D	CBTOR.
	SZ3 MUN	y Ford ST	Schenectedy	STATE POSTAL CODE 12.307 19. ORGANIZATIONAL POR 1 sery	USA
	AL-L A autionble	ORBANIZATION PLA	USA		NOHE
	2. ADDITIONAL DEBTO	OR'S EXACT FULL LEGAL NAME - Insert OF	y goe delater name (2s or 3b) - do not abbreviese or co	Printer Parties	
	OR ZE MONIOUNE SLAST NAME ZE MALING ADDRESS		FIRST NAME	MIDICLE NAME	SUFFIX
,			atv	STATE POSTAL CODE	COUNTRY
•			<u> </u>	2g. ORGANIZATIONAL 80 #, # am	
•	Not Applicable	ADUL HEO RE 24. TYPE OF ORGANIZATION	ON 21. AMERICATION OF ORGANIZATION		NONE
•	3. SECURED PARTY'S NAME for NAME of TOTAL ASSIGNEE of ASSIGNOR 6/P)- insent only pograsoured party names (Sec. 36)				
	3. ORGANIZATION'S	HAME		INCOLE NAME	SUFFIX
•	JENKIN		Tashano	Mal Cran	COÚNTRY
	CO 523		Schenetady	NY 12307	USA
_	4. THIS FRUNCING STATE	MENT covers the following colleters:			
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		OHD₹			
U.S. D	DISTRICT CO	20N i			
	NSTRICT CO N.D. OF N.Y. FILED	- + 1 - 1			
1	N.D. OF N.Y.	•			
JA AWRENCE	N.D. OF N.Y. FILED	3		OR SELLERWAYER A.G. LIEN	Nonucceling

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